1898

01980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near- Centreville Md. X
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ella (Last) ATKINSON

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 3/5/1863

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert S. Emory

14. MOTHER'S MAIDEN NAME: Julianna Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs. A. C. Lieber Centreville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 420.0 (a) Pulmonary edema — 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1953 to Feb 11, 1954 that I last saw the deceased alive on Feb. 11, 1954, and that death occurred at 7 43 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin D. Hoyt M.D. — ADDRESS Queenstown Md. — DATE SIGNED 2/12/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb. 14, 1954 | NAME OF CEMETERY OR CREMATORY: Chester Cemetery | LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG. 2/14/54 | REGISTRAR'S SIGNATURE Edna Armstrong

24. FUNERAL DIRECTOR: J. Willis Wells- Chestertown, Md. — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Queen Anne | LENGTH OF STAY (in this place) 47yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Queen Anne
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) George (Last) Boyles

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Nov. 3, 1868 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: OWNER | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Boyles | 14. MOTHER'S MAIDEN NAME: Mary Ann McKnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: NONE | 17. INFORMANT AND ADDRESS: Mrs Wm. Boyles - Queen Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1977
Immediate cause (a) Carcinoma of the Prostate — 10 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1953 | 19b. MAJOR FINDINGS OF OPERATION: Ca. of Prostate & metastasis to rectum & int. obstruction | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Feb, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 9:12 P m., from the causes and on the date stated above.

SIGNATURE Irvin S. Hoyt (Degree or title) M.D. ADDRESS Queenstown, Md. DATE SIGNED Feb. 2, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 5-54 | NAME OF CEMETERY OR ~~CREMATORY~~ Christ Church | LOCATION (City, town, or county) Centreville (State) Maryland

DATE REC'D BY LOCAL REG. 2-3-54 | REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Benton Bros Centreville ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 5 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY Wilmington Del
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay Md — LENGTH OF STAY (in this place) 6 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X 46 X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Rosella	(Middle)	(Last) Fox	4. DATE OF DEATH	(Month) Feb	(Day) 4	(Year) 1954
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH April 25 1869	9. AGE last birthday 85 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farm Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Samuel Davis	14. MOTHER'S MAIDEN NAME — Davis						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs Nanomi Myers, 101 E 29th St. Wilm Del					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 42241 Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to Feb 4, 1954, that I last saw the deceased alive on Feb 3, 1954, and that death occurred at 4:55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C H Mitcalfe	M D	Ford Corsville Md	2/4/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF Feb 7 1954	NAME OF CEMETERY OR CREMATORY Silverbrook Cemetery	LOCATION (City, town, or county) (State) Wilmington Del
DATE REC'D BY LOCAL REG. Feb. 4	REGISTRAR'S SIGNATURE Edgar L. Lane	24. FUNERAL DIRECTOR Albert J McCrory	ADDRESS 2400 Washington St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01903

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Anne's | MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Pondtown | LENGTH OF STAY (in this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. | COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERTA (Middle) (Last) HARRIS

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: unknown

9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Oyster Packing

10b. KIND OF BUSINESS OR INDUSTRY: Oyster

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 220-01-2453

17. INFORMANT & ADDRESS: William Harris Chester Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia. — Interval Between Onset And Death: 5 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis

DUE TO

(c) Marasmus senilis.

450.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19—, to Jan 27, 1954, that I last saw the deceased alive on Jan 27, 1954, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. | ADDRESS MILLINGTON | DATE SIGNED 2-5-54.

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial | DATE THEREOF Feb. 5 1954 | NAME OF CEMETERY OR CREMATORY Chester Cem. | LOCATION (City, town, or county) Chester (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 5 | REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edward Pellow ADDRESS Millington Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Marydel X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Marydel X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) A. (Last) STARKEY

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 5, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Elva Starkey, Marydel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Acute Cardiac Dilatation
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis
DUE TO
(c) Arterial Sclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: WO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) W m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1954, to Feb 27, 1954, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 6:30 PM from the causes and on the date stated above.
SIGNATURE C H Upfield (Degree or title) M.D. ADDRESS Ludlow Md DATE SIGNED 3/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 3, 1954
NAME OF CEMETERY OR CREMATORY Sudlersville Cem.
LOCATION (City, town, or county) Sudlersville Q.A. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 3-2
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edward Fellows - ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 22 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01904

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annie MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) NANNIE TURPIN WRIGHT

4. DATE OF DEATH: (Month) (Day) (Year) Feby 25 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: April 19-1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): in Centreville Maryland
12. CITIZEN OF WHAT COUNTRY? U/A

13. FATHER'S NAME: John Spencer Wright
14. MOTHER'S MAIDEN NAME: Annie W R Turpin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs J. R. E. Turpin Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4

Immediate cause (a) Chronic Valvular disease of the heart & nephritis &

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteries - Sclerosis

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1 1950 to 2-25, 1954 that I last saw the deceased alive on 2/23, 1954, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) N. F. McThurman M.D. ADDRESS Centreville Md DATE SIGNED 2-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feby 27-54
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REGISTRAR 2-27-54
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Baston Bros, Centreville Maryland ADDRESS

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MAR 4 1954
BUREAU V. S.